County: Jackson FAMILY HERITAGE CARE CENTER

1311 TYLER STREET

BLACK RIVER FALLS 54615 Phone: (715) 284-4396	3	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	80	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	38	Average Daily Census:	42
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	28. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	5.3	More Than 4 Years	34. 2
Day Services	No	Mental Illness (Org./Psy)	26. 3	65 - 74	13. 2		
Respite Care	No	Mental Illness (Other)	2.6	75 - 84	26.3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	5. 3	95 & 0ver	2. 6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2.6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	23. 7	65 & 0ver	94. 7		
Transportation	No	Cerebrovascul ar	2. 6			RNs	12.8
Referral Service	No	Di abetes	13. 2	Sex	%	LPNs	9. 4
Other Services	No	Respi ratory	5. 3		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	18. 4	Male	36.8	Aides, & Orderlies	43. 5
Mentally Ill	No			Female	63. 2		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	_		0ther			Pri vate Pay	•		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	2	7. 4	118	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	5. 3
Skilled Care	4	100.0	300	23	85. 2	101	0	0.0	0	7	100.0	129	0	0.0	0	0	0.0	0	34	89. 5
Intermediate				2	7.4	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	5.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100. 0		27	100. 0		0	0.0		7	100.0		0	0.0		0	0.0		38	100.0

FAMILY HERITAGE CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12	/31/01
Deaths During Reporting Period	<u> </u>						
		_			% Needi ng		Total
Percent Admissions from:		Activities of	%		ssistance of	% Totally	Number of
Private Home/No Home Health	5. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	2. 6		84. 2	13. 2	38
Other Nursing Homes	3.0	Dressi ng	10. 5		73. 7	15. 8	38
Acute Care Hospitals	87. 9	Transferri ng	23. 7		68. 4	7. 9	38
Psych. HospMR/DD Facilities	0.0	Toilet Use	13. 2		78. 9	7. 9	38
Reĥabilitation Hospitals	0.0	Eati ng	36. 8		57. 9	5. 3	38
Other Locations	4.0	********	*******	*****	******	********	******
Total Number of Admissions	99	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.6		Respiratory Care	18. 4
Private Home/No Home Health	25.0	Occ/Freq. Incontinen	t of Bladder	57. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	12.0	Occ/Freq. Incontinen		23. 7		Sucti oni ng	0. 0
Other Nursing Homes	11.0	•			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	7. 0	Mobility			Recei vi ng	Tube Feedi ng	0.0
Psych. Hosp MR/DD Facilities	0.0	Physically Restraine	d	10. 5	Recei vi ng	Mechanically Altered Diets	36.8
Reĥabilitation Hospitals	1. 0	i i			8	J	
Other Locations	15. 0	Skin Care			Other Reside	nt Characteristics	
Deaths	29. 0	With Pressure Sores		5. 3	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		7. 9	Medi cations		
(Including Deaths)	100			. , 0		Psychoactive Drugs	71. 1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

********************************** Ownershi p: Bed Size: Li censure: 50-99 Al l Thi s Propri etary Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 51.4 80.3 0.64 85. 1 0.60 84. 4 0.61 84. 6 0.61 Current Residents from In-County 89. 5 72.7 1. 23 72. 2 1. 24 75. 4 1.19 77. 0 1. 16 Admissions from In-County, Still Residing 13. 1 18. 3 0.72 20.8 0.63 22. 1 0.59 20.8 0.63 Admissions/Average Daily Census 235.7 139.0 1.70 111.7 2. 11 118. 1 2.00 128. 9 1.83 Discharges/Average Daily Census 238. 1 139.3 112. 2 2. 12 118. 3 2.01 130.0 1.83 1.71 Discharges To Private Residence/Average Daily Census 88. 1 58. 4 1.51 42.8 2.06 46. 1 1.91 **52.8** 1.67 Residents Receiving Skilled Care 94.7 91.2 1.04 91.3 1.04 91.6 1.03 85. 3 1.11 Residents Aged 65 and Older 94. 7 96.0 0.99 93.6 1.01 94. 2 87. 5 1.01 1.08 Title 19 (Medicaid) Funded Residents 71. 1 72. 1 0.99 67.0 1.06 69.7 1.02 68. 7 1.03 Private Pay Funded Residents 0.78 21.2 22.0 18. 4 18. 5 0.99 23. 5 0.87 0.84 0. 9 0.00 0.8 7. 6 0.00 Developmentally Disabled Residents 0.0 1.0 0.00 0.00 Mentally Ill Residents 28.9 36. 3 0.80 41.0 0.71 39. 5 0.73 33. 8 0.86 General Medical Service Residents 18. 4 16.8 16. 1 16. 2 1. 14 19. 4 0.95 1. 10 1. 15 46.3 46.6 0.99 48. 7 0.95 48. 5 0.95 49.3 0.94 Impaired ADL (Mean) Psychological Problems 71. 1 47.8 1.49 50. 2 1. 42 50.0 1.42 51. 9 1. 37 7. 3 1. 17 Nursing Care Required (Mean) 8. 6 7. 1 1. 20 7. 3 1. 18 7.0 1. 22